

Data Sheet

USAID Mission:	Armenia
Program Title:	Primary Health Care
Pillar:	Global Health
Strategic Objective:	111-0320
Status:	Continuing
Planned FY 2005 Obligation:	\$5,170,000 FSA
Prior Year Unobligated:	\$1,598,000 FSA
Proposed FY 2006 Obligation:	\$4,000,000 FSA
Year of Initial Obligation:	2004
Estimated Year of Final Obligation:	2008

Summary: USAID's health sector program seeks to increase utilization of sustainable, high quality primary healthcare (PHC) services by strengthening the capacity of the Ministry of Health (MOH) to implement PHC reform, while continuing to satisfy immediate needs of vulnerable populations by reinvigorating the provision of basic PHC services. USAID works with the Ministry of Health, State Health Agency, National Institute of Health, Yerevan State Medical University, regional and local authorities, and other donors in providing technical assistance, training and commodity support. Specifically, USAID's activities in the health sector aim to: increase the transparency and efficiency of administrative, managerial and health financing mechanisms; improve the regulatory environment for healthcare service delivery; strengthen undergraduate and continuing medical education by improving curriculum and methodology; expand provision of quality PHC and outreach services in Armenia's regions; and enhance consumer demand for high quality, client-focused preventive services.

Inputs, Outputs, Activities:

FY 2005 Program: Build health systems capacity (\$2,912,000 FSA, \$340,000 FSA carryover, \$450,000 FSA prior year recoveries). These funds will support questionnaire design and field testing for the 2005 Armenia Demographic and Health Survey and to design a national PHC reform follow-on program. In FY 2005, USAID will continue and expand existing activities focused on strengthening those governmental institutions responsible for managing and delivering healthcare services. The 2005 Armenia Demographic and Health Survey will work with local implementing institutions (National Statistical Service and the Ministry of Health) to design the survey, train interviewers, and complete the majority of field work in 2005. This process will build national capacity for future health and demographic data collection and analysis programs. USAID will present to the Government of Armenia comprehensive models and implementation plans for open enrollment, quality assurance, provider incentive programs, cost accounting and patient records mechanisms tested in 12 pilot sites. Technical assistance to national health sector policy and legislative processes will continue as the Ministry of Health plans to submit at least two key laws in the healthcare sector to the National Assembly in 2005-2006. USAID, the World Bank, and the World Health Organization will continue to provide technical assistance and logistical backing to a multisectoral National Health Accounts (NHA) working group to establish necessary infrastructure and implement NHA in Armenia. The role of family medicine doctors in providing reproductive health and maternal/child health services in rural areas will be expanded, and facility level quality improvement systems will be implemented. Principal contractors/grantees: PADCO (prime), Abt Associates (sub), EMG (prime), Intrahealth (sub) and ORC Macro International (prime).

Expand and Improve Access to Economic and Social Infrastructure (\$2,258,000 FSA, \$808,000 FSA carryover). These funds will finance new Global Development Alliance (GDA) programs to expand the reach and increase the quality and reliability of preventive health screenings in Armenia, particularly vision, hypertension, and women's cancer. In FY 2005, USAID/Armenia's PHC service provision activities will be further expanded and refined. New GDA programs will leverage non-federal funds to extend mammography, Pap smear, and screening services for

vision, blood pressure, cholesterol, and diabetes to Armenia's regions. Family medicine doctors nationwide will receive clinical and management training to include screening methodology, diagnosis, referral and treatment in key PHC areas. A new reproductive and maternal/child health program will incrementally encompass all the ten regions of Armenia (starting with three regions in FY05), improving quality of care through provider training, upgrading facilities, and providing basic supplies. Mobile medical units will also reach significantly more people in remote areas by expanding operations into two new regions, implementing community-based revolving drug funds and partnering with local non-governmental organizations. Principal contractors/grantees: PADCO (prime), Abt Associates (sub), EMG (prime), Intrahealth (sub), Save the Children (sub), World Vision (prime), Armenian Eyecare Project (prime), and Armenian American Cultural Association (prime). Others to be determined (TBD).

FY 2006 Program: Build health systems capacity (\$2,800,000 FSA). The final results of the 2005 Demographic and Health Survey will be printed and publicized through a series of roundtables and a national dissemination conference. The results will be used to provide evidence-based strategic platform for ongoing USAID and MOH program design, and to determine gaps in the health system. The process of implementation of National Health Accounts will continue, and the policy and regulatory environment for PHC will be strengthened. Principal contractors/grantees: EMG (prime), ORC Macro (prime), others TBD.

Expand and Improve Access to Economic and Social Infrastructure (Health Facilities) (\$1,200,000 FSA). Nationwide, high quality prenatal and reproductive healthcare services will be expanded and improved at the rural level. Key PHC and screening services will be more widely available in the regions of Armenia, and provision of basic medical, nutritional, and outreach services will continue for vulnerable rural populations through mobile medical teams. Principal contractors/grantees: EMG (prime), Armenian Eyecare Project (prime), Armenian American Cultural Association (prime), World Vision (prime), Intrahealth (sub), Save the Children (sub), others TBD.

Performance and Results: USAID's health sector activities built on the success of FY03 achievements to accomplish several important results in FY04. Open enrollment programs (whereby consumers choose their primary care physician) were expanded to encompass two major urban centers in Armenia, and 58% of the eligible population in those cities has selected a primary care physician since the program's inception. A regional training center for rural PHC providers in the Lori region of Armenia was launched, and a cadre of fully-trained rural nurse-doctor teams began providing continuous medical education to other rural providers in key PHC areas. The central drug supply tracking system designed in FY03 was implemented, serving as an important first step in supporting the MOH and related stakeholders to more effectively manage the complex pharmaceutical procurement and distribution process. Enhanced national protocols and training materials on Sexually Transmitted Infection management and infection prevention were drafted by a national coalition and approved and adopted by the MOH. The average number of prenatal visits in the Lori region (the locus of the USAID-supported reproductive health program) increased eightfold, demonstrating the effectiveness of better nurse training and the importance of basic equipment and supplies for rural health facilities. Activities to increase health awareness at the community level continued, accompanied by expanded preventive test offerings in rural areas, and the renovation of 33 rural PHC facilities through community mobilization activities. Subsequent household surveys in two regions of Armenia where USAID implemented community-based health programs showed significant improvement in access to healthcare facilities, patient satisfaction, and health status. Finally, USAID-supported mobile medical teams provided over 8,000 consultations in remote areas, successfully meeting FY04 targets.

At the completion of SO 3.2, the legal and regulatory framework for high quality, customer-oriented, PHC service provision will be improved to ensure sustainable delivery of key PHC services to the population. USAID-supported pilot programs will assist the MOH to determine the best approach, timeline, and implementation strategy for long-term PHC reform. More

transparent national and regional administrative, financial and managerial processes will be established. Finally, more effective mechanisms will be implemented to improve financial accessibility for healthcare services, and increase utilization of quality basic healthcare services delivered by appropriately trained providers in well-equipped facilities.

US Financing in Thousands of Dollars

Armenia

111-0320 Primary Health Care	ESF	FSA
Through September 30, 2003		
Obligations	868	11,763
Expenditures	868	11,763
Unliquidated	0	0
Fiscal Year 2004		
Obligations	0	5,722
Expenditures	0	732
Through September 30, 2004		
Obligations	868	17,485
Expenditures	868	12,495
Unliquidated	0	4,990
Prior Year Unobligated Funds		
Obligations	0	1,598
Planned Fiscal Year 2005 NOA		
Obligations	0	5,170
Total Planned Fiscal Year 2005		
Obligations	0	6,768
Proposed Fiscal Year 2006 NOA		
Obligations	0	4,000

Future Obligations	0	0
Est. Total Cost	868	28,253

